

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

William Francis, Jr.

COURT CASE NUMBER

C.A. No. 07-015-JJF

DEFENDANT

Attorney General

TYPE OF PROCESS

Service

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Attorney General of the State of Delaware

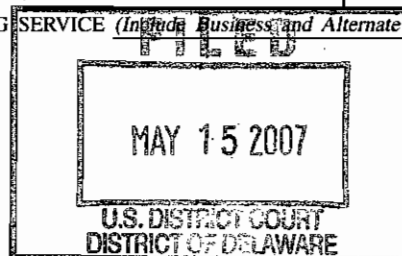
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

820 N. French Street, Wilmington, Delaware 19801

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

☐ William Francis, Jr.
264560
Delaware Corr. Ctr.
1181 Paddock Road
Smyrna, DE 19977

Number of process to be
served with this Form - 2851Number of parties to be
served in this case5Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of:

William Francis, Jr.
☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

302.653.9261

DATE

5-2-07**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

District
of Origin

No. _____

District
to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

BF

Date

5-10-07

I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

KENTH BRADY, STATE SOUTHER

Address (complete only if different than shown above)

☒ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

5-11-07

Time

0900

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

4500Total Mileage Charges
(including endeavors)—

Forwarding Fee

—

Total Charges

4500

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS: